

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90146 037 \*\*\*158.75

DOCUMENT # **P02000076234**

1. Entity Name  
**HIGGINS RANCH INC.**



Principal Place of Business  
**2660 HANCOCK CREEK ROAD  
WEST PALM BEACH FL 33411**

Mailing Address  
**2660 HANCOCK CREEK ROAD  
WEST PALM BEACH FL 33411**

2. Principal Place of Business  
**13575 S.E HWY 441**  
Suite, Apt. #, etc.

3. Mailing Address  
**2660 HANCOCK CREEK RD.**  
Suite, Apt. #, etc.

City & State  
**OKeechobee, FL.**

City & State  
**West Palm Beach, FL.**

4. FEI Number  
**11-3642449**

Applied For  
Not Applicable

Zip  
**34974**

Country  
**OKeechobee**

Zip  
**33411**

Country  
**Palm Beach**

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK, INC.  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D HIGGINS, JIM R	2660 HANCOCK CREEK ROAD	WEST PALM BEACH FL 33411				
	D HIGGINS, ELSIE S	2660 HANCOCK CREEK ROAD	WEST PALM BEACH FL 33411				

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jim R. Higgins**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/18/03**

Date

Daytime Phone #